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DATE: July 27, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Robert Wilson
Art Unit: 2661

FAX NUMBER: (571) 273-8300

FROM: S. Hossain Beladi, Attorney for Applicant
Registration No. 42,311

Total Number of Pages Sent: 9 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: PA363DIVC1

ENCLOSED ARE:

- Response to Notice of Non-Compliant Amendment (6 pages)
- Transmittal (in duplicate)

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APPLICANT: Serge Willenegger
ASSIGNEE: QUALCOMM Incorporated
SERIAL NO.: 09/804,621
FILED: March 12, 2001
FOR: Subchannel Control Loop

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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PTO/SB/21

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: PA363DIVC1
In Re Application of: Serge Willenegger et al.
Serial Number: 09/804,621
Filed: March 12, 2001
Examiner: Robert Wilson
Group Art Unit: 2661

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	12	12	0	x \$50 =	\$0.00	
Independent**	2	2	0	x \$200 =	\$0.00	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00	
EXTENSION FEES				<input type="checkbox"/> One Month	\$120	\$0.00
				<input type="checkbox"/> Two Months	\$450	\$0.00
				<input checked="" type="checkbox"/> Three Months	\$1020	\$1020.00
TERMINAL DISCLAIMER				\$130	\$0.00	
				TOTAL FEE	\$1020.00	

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 27, 2005

Signature: S. Hossain Beladi, Reg. No. 42,111
(858) 651-4470QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: July 27, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Sheryl Schoen
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)